



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE

**BOARD OF EXAMINERS OF PSYCHOLOGISTS**

TELEPHONE: (302) 744-4500

FAX: (302) 739-2711

WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)

EMAIL: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us)

**APPLICATION FOR LICENSURE AS A PSYCHOLOGIST BY RECIPROCITY  
INSTRUCTION SHEET**

**When to File Application by Reciprocity**

Complete the *Application for Psychologist Licensure by Reciprocity* if you hold a *current* Psychologist license in another jurisdiction (state, U.S. territory or District of Columbia) **and** at least one of the following statements is true:

- You have practiced continuously for at least two years, **or**
- You hold a Certificate of Professional Qualification in Psychology (CPQ), **or**
- You are credentialed by the National Registry of Health Service Providers in Psychology (NRHSPP).

If you don't meet the criteria above, complete the [Application for Licensure as a Psychologist by Examination](#).

**Requirements for All Applicants**

- ☐ Submit a completed, signed and notarized [Application for Licensure as a Psychologist by Reciprocity](#).
- ☐ Enclose the non-refundable [processing fee](#) by check or money order made payable to the "State of Delaware."
- ☐ Complete the *Criminal History Record Check Authorization* form to request State of Delaware and Federal Bureau of Investigation criminal background checks. Follow the instructions on the authorization form to arrange to be fingerprinted.
  - This is required *even if* you recently had a criminal background check done for some other reason.
- ☐ Arrange for the Board office to receive a verification of licensure in good standing *from each* jurisdiction where you hold (or have ever held) a license, sent *directly* to the Board office.
  - You may use the *Verification of Psychologist License* form included with the application.
- ☐ If you have never been issued a United States Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).

The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

Additional requirements depend on whether you hold a Certificate of Professional Qualification in Psychology (CPQ) or you are credentialed by the National Registry of Health Service Providers in Psychology (NRHSPP).

**Requirement for Applicants with CPQ or NRHSPP**

This requirement applies only if you *currently* hold a CPQ or you are credentialed by the NRHSPP.

- ☐ Submit your CPQ or NRHSPP verification (whichever pertains to you).

## Requirement for Applicants with **No CPQ or NRHSPP**

These requirements apply only if you do **not** hold a CPQ and you are **not** credentialed by the NRHSPP.

- ☐ Arrange for the Board office to receive an official transcript showing that you have earned a doctoral degree from a psychological studies program specifically designed to train and prepare psychologists.
  - A doctoral degree from a program accredited by the American Psychological Association (APA) or the Psychological Clinical Science Accreditation System (PCSAS) meets this requirement.
- ☐ If your program is neither APA-accredited nor PCSAS-accredited, arrange for the Board office to receive the following to assist the Board in evaluating the program:
  - ☐ Course descriptions (such as the course catalog)
  - ☐ Completed *Evaluation of Coursework* form (included with the application)

This documentation is required *in addition to* the official transcript. It must show that your program meets the criteria in Sections 6.1.1.2.1 - 6.1.1.2.10.4 of the Board's [Rules and Regulations](#).

- ☐ Arrange for the Board office to receive your EPPP scores sent from the *Association of State and Provincial Psychology Boards* (ASPPB) *directly* to the Board office. To obtain a score report, see [www.asppb.net](http://www.asppb.net).



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**APPLICATION FOR PSYCHOLOGIST LICENSURE BY RECIPROCITY**

**TYPE OF APPLICATION**

1. Select the statement(s) that applies to you:

☐ I hold a *current* license in at least one jurisdiction (state, U.S. territory or District of Columbia) other than Delaware **and** one of the following applies to me (check one):

☐ I hold a Certificate of Professional Qualification in Psychology (CPQ).

☐ I am credentialed by the National Registry of Health Service Providers in Psychology (NRHSPP).

**Submit your CPQ or verification of NRHSPP credentialing (whichever pertains to you).**

☐ I hold a *current* license in at least one jurisdiction (state, U.S. territory or District of Columbia) other than Delaware **and** I have two years of continuous experience after licensure.

**IDENTIFYING AND CONTACT INFORMATION – All applicants complete this section.**

2. Name : \_\_\_\_\_  
Last/Family Name First Middle

3. Other Name(s) Used: None ☐ \_\_\_\_\_

4. Date of Birth (month/day/year): \_\_\_\_\_ Gender: Male ☐ Female ☐

5. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐ If yes, enter your SSN: \_\_\_\_\_  
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).

6. Mailing Address: \_\_\_\_\_  
City State Zip

7. Phone: \_\_\_\_\_ Email: None ☐ \_\_\_\_\_  
Daytime Home

**EDUCATION & EXAMINATION – Applicants who hold a CPQ or NRHSPP credential may skip this section.**

8. Enter your doctoral degree information below:

University/College: \_\_\_\_\_ Major: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Degree: \_\_\_\_\_

Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_ Graduation Date: \_\_\_\_\_  
month/day/year month/day/year month/day/year

**Arrange for the Board office to receive an official transcript, sent directly from the college/university to the Board office, showing that you have a doctoral degree from a psychological studies program specifically designed to train and prepare psychologists.**

9. Was your doctoral program APA-accredited or PCSAS-accredited? Yes ☐ No ☐ **If no, submit a course catalog (or other course descriptions) and complete the *Evaluation of Coursework* form.**
10. Have you passed the Examination for Professional Practice in Psychology (EPPP)? Yes ☐ No ☐ **If yes, arrange for the Board office to receive a score report sent directly from the Association of State and Provincial Psychology Boards (ASPPB).**
11. Do you have a Diplomat of American Board of Examiners in Professional Psychology? Yes ☐ No ☐ **If yes, enter:**  
 Diploma Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Specialty: \_\_\_\_\_

**LICENSURE HISTORY– All applicants complete this section.**

12. Are you (*or have you ever been*) licensed or certified as a psychologist in any other jurisdiction (state, U.S. territory or District of Columbia)? Yes ☐ No ☐ **If yes, enter the following information about *each* license:**

JURISDICTION	LICENSE NUMBER	ISSUE DATE	STATUS (e.g., active)

**Arrange for the Board office to receive verification of licensure from each jurisdiction where you have ever held a license, sent *directly* from the jurisdiction to the Board office.**

**DISCLOSURES**

13. Have you ever had your professional license or certificate subject to disciplinary action (including but not limited to consent agreements, fines, probation, suspension or revocation)? Yes ☐ No ☐ **If yes, submit a signed statement explaining fully. Include copies official Board orders or any other relevant documents.**
14. Are any disciplinary or ethical complaints currently pending against you? Yes ☐ No ☐ **If yes, submit a statement giving a complete explanation. Include copies of all official documents or Board orders.**
15. Has your application for a license or registration ever been refused or denied in any other jurisdiction? Yes ☐ No ☐ **If yes, submit a signed statement explaining fully. Include copies of all official documents or Board orders.**
16. Are you now, or have you *ever* been, dependent on the use of alcohol, stimulants, or habit-forming drugs? Yes ☐ No ☐ **If yes, submit a signed statement explaining fully. Include any relevant documents.**

*You may copy this page as needed.*

**PROFESSIONAL EXPERIENCE – Applicants who hold a CPQ or NRHSPP credential may skip this section.**

17. Enter information about each employer where you practiced psychology during the two years before this application.

EMPLOYER			
Name of Employer: _____			
Employer Address: _____			
_____		_____	_____
City		State	Zip
Dates of Employment: From: ____ / ____ To: ____ / ____			
Month Year		Month Year	
Briefly describe the nature of this practice. (Attach separate sheet if necessary)			
_____			
_____			
_____			

EMPLOYER			
Name of Employer: _____			
Employer Address: _____			
_____		_____	_____
City		State	Zip
Dates of Employment: From: ____ / ____ To: ____ / ____			
Month Year		Month Year	
Briefly describe the nature of this practice. (Attach separate sheet if necessary)			
_____			
_____			
_____			

EMPLOYER			
Name of Employer: _____			
Employer Address: _____			
_____		_____	_____
City		State	Zip
Dates of Employment: From: ____ / ____ To: ____ / ____			
Month Year		Month Year	
Briefly describe the nature of this practice. (Attach separate sheet if necessary)			
_____			
_____			
_____			

## DUTY TO REPORT

18. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** duty to report, in writing, within 30 days of becoming aware of information that you reasonably believe indicates that **any healthcare provider** including (but not limited to) any practitioner certified and registered to practice medicine in Delaware or licensed by the Board of Examiners of Psychologists.
- has engaged, or is engaging, in conduct that would constitute grounds of discipline under their licensing laws, or
  - may be unable to practice with reasonable skill and safety to the public by reason of mental illness or mental incompetence, physical illness (including deterioration through the aging process or loss of motor skill), or excessive abuse of drugs (including alcohol).

I certify that I have read and understand [24 Del. C. §3519](#), [24 Del. C. §1730](#), [24 Del. C. §1731](#) and [24 Del. C. §1731A](#) and that I understand my *duty to report* to the Division of Professional Regulation. Yes ☐ No ☐

19. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to make an immediate oral report to the Department of Services for Children, Youth and Their Families if you know of, or you suspect, child abuse or neglect under Chapter 9 of Title 16 and to follow up with any requested written reports.

I certify that I have read and understand [16 Del. C. §903](#) and that I understand my *duty to report*. Yes ☐ No ☐

20. You have a **mandatory** duty to report to the Board of Examiners of Psychologists if you believe that a colleague has violated the APA's *Ethical Principles of Psychologists and Code of Conduct* ([24 Del. C. §3514\(a\)\(5\)](#)).

I certify that I have read and understand Sections 1.04 and 1.05 of the [APA Ethical Code](#), which explain when I am required report a colleague, and that I understand my *duty to report*. Yes ☐ No ☐

**If Board review is required, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:**

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

**Applications that are not complete within 12 months of filing may be considered abandoned and discarded. When your application is complete, allow 4-8 weeks to receive your license.**

## AFFIDAVIT

I hereby apply to be considered for licensing as a Psychologist by the Board of Examiners of Psychologists under the standards, qualifications and procedures established under Title 24, Chapter 35, of the *Delaware Code*. I have read the State statute governing psychologists in Delaware. I have also received and read the Board's Rules and Regulations regarding the practice of Psychology in Delaware. I understand that the Board may require evidence additional to the material herein, including a written examination, and transcripts of academic training.

I hereby swear or affirm that the information contained in this application is correct and I understand that any intentionally fraudulent information will be reported to the Attorney General.

**Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

County of \_\_\_\_\_ State of \_\_\_\_\_

Sworn or affirmed before me a Notary Public this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

Notary Signature: \_\_\_\_\_

SEAL

My commission expires on \_\_\_\_\_

**APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR SUBMITTED WITHOUT THE REQUIRED FEE WILL BE REJECTED**



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**EVALUATION OF COURSEWORK**

Complete this form if your doctoral degree in psychology is from a program of studies that is **not** accredited by the American Psychological Association or the Psychological Clinical Science Accreditation System. The purpose of the form is to assist the Board in evaluating your coursework.

For each topic in the left column, enter the course number and title of the course(s) in the catalog that covered that topic.

History and Development	Course #	Course Title
Biological aspects of behavior		
Cognitive and affective aspects of behavior		
Social aspects of behavior		
History and systems of psychology		
Psychological measurement		
Research methodology		
Techniques of data analysis		

Foundations of Practice	Course #	Course Title
Individual differences in behavior		
Human development		
Dysfunctional behavior or psychopathology		
Professional Standards		
Ethics		

Diagnosing & Intervention Strategies	Course #	Course Title
Theories, methods of assessment & diagnosis		
Effective intervention		
Consultation and supervision		
Evaluating the efficacy of interventions		
Issues of cultural and individual diversity		

***Submit a course catalog or course descriptions in addition to this form.***



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**VERIFICATION OF PSYCHOLOGIST LICENSE**

**Instructions: Send a separate form to *each* jurisdiction other than Delaware where you have ever held a license to practice psychology.**

Licensing Authority: _____ Address: _____ City/State/Zip: _____	Applicant Name: _____ Home Address: _____ City/State/Zip: _____
<b>This section to be completed by Applicant</b>	Last Name: _____ First: _____ Middle: _____ SSN: _____ DOB: _____ Other Name(s) Used: _____ License Number(s) in Jurisdiction Named Above: _____ <p><b>I am applying for licensure as a Psychologist in the State of Delaware. Before my application can be reviewed, verification of my license in good standing is required. I am authorizing the release of the information requested on this form to the Delaware Board of Examiners of Psychologist.</b></p> Applicant Signature: _____ Date: _____
This section to be completed by Licensing Authority	Our records indicate that the applicant named above was licensed in the State/Province/Jurisdiction of _____ License Number: _____ Issue Date (month/day/year): _____ Expiration Date (month/day/year): _____ Has any discipline activity taken place regarding this licensee? Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If yes, enclose a certified copy of the Board Order with this license verification.</b>
<b>CERTIFICATION AFFIX OFFICIAL SEAL OR NOTARY HERE</b>	<p><b>Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct.</b></p> Printed Name of Official: _____ Signature of Official: _____ Date: _____ Title: _____ Phone: _____ Fax: _____ Email: _____

**Mail (do not fax) completed, signed and sealed form to the Board office at the address above.**



# Instructions for Requesting a Criminal Background Check

**Both State of Delaware and Federal Bureau of Investigation criminal background checks are required.**

## Applicant Notification

Your fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI). You have the opportunity to challenge the accuracy of the information contained in the FBI identification record. See [Title 28, CFR 16.34](#) for the procedure to obtain a change, correction or update in the FBI record.

## Locations

### **Kent County – Primary Facility**

State Bureau of Identification  
Blue Hen Mall & Corporate Center  
655 S. Bay Rd. Suite 1B  
Dover, DE 19901

**Walk-ins accepted:** Mon 8:30 am – 6:30 pm, Tue - Fri 8:30 am – 3:30 pm  
Customer Service: (302) 739-2134

### **New Castle County - Satellite Facility**

State Police Troop Two  
100 LaGrange Ave  
Newark, DE 19702  
(between Rts. 72 and 896 on Rt. 40)

#### ***By appointment only***

Scheduling: (302) 739-2528 (local)  
(800) 464-4357 (toll free)

### **Sussex County – Satellite Facility**

Thurman Adams State Service Center  
546 S. Bedford Street, Rm. 202  
Georgetown DE 19947  
(across from DelDOT & Troop 4)

#### ***By appointment only***

Scheduling: (302) 739-2528 (local)  
(800) 464-4357 (toll free)

## Applicants in Delaware

1. If you are using the New Castle County or Sussex County locations, call **(800) 464-HELP (4357)** to schedule an appointment. No appointments are needed at the Kent County location.
2. Take the completed *Authorization for Release of Information* form to one of the offices listed above with the fee of \$65.00, to cover both the State of Delaware and Federal Bureau of Investigation criminal checks. Money orders and credit cards other than American Express are accepted at all locations. New Castle and Kent Counties accept cash; Sussex County does not accept cash. **Personal checks are not accepted in any county.** As fees are subject to change, contact the agency where you plan to submit your forms for current fees.

## Applicants Not in Delaware (including Out-of-State or Outside the United States)

1. Your local police agency can fingerprint you. All types of fingerprint cards are accepted. Or, you may print a [FD-258 fingerprint form](#) available on the FBI website at [www.fbi.gov](http://www.fbi.gov) – click *Services*, then *Identity History Summary Checks*, then scroll down to Option 1, Step 2, and click the link for *standard fingerprint form (FD-258)*. You may print the form on regular paper.
2. Your *Authorization for Release of Information* form and the fingerprint card must be complete. If identifying information is missing (such as name, date of birth, race, gender, etc.), your form will be returned.
3. **Mail** the *Authorization* form, fingerprint card, and *certified* check or money order (**personal checks are not accepted**) for \$65.00 made payable to “Delaware State Police” to:

**Delaware State Police  
State Bureau of Identification (SBI)  
PO Box 430  
Dover, DE 19903-0430**

**DO NOT SEND THIS FORM OR FEE TO YOUR PROFESSION'S BOARD OFFICE.  
DO NOT SEND THIS FORM OR FEE TO THE DIVISION OF PROFESSIONAL REGULATION.**

**⇒ ALLOW FOUR WEEKS FOR RECEIPT OF RESULTS.**



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**AUTHORIZATION FOR RELEASE OF INFORMATION**  
**CRIMINAL HISTORY RECORD CHECK FOR PROFESSIONAL LICENSURE APPLICANTS**  
*Please print or type all information in black ink.*

**Check the type of license for which you are applying:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Adult Entertainment   | <input type="checkbox"/> Mental Health (LPCMH, LCDP, LMFT, LAPCMH, LAMFT)                              | <input type="checkbox"/> Physical Therapy/Athletic Trainer                             |
| <input type="checkbox"/> Charitable Gaming Vendor  | <input type="checkbox"/> Nursing (RN, LPN, APRN)   | <input type="checkbox"/> Podiatry  |
| <input type="checkbox"/> Chiropractic  | <input type="checkbox"/> Nursing Home Administrator  | <input type="checkbox"/> Psychology  |
| <input type="checkbox"/> Dental  | <input type="checkbox"/> Occupational Therapy  | <input type="checkbox"/> Real Estate Appraiser (includes Appraisal Management Company) |
| <input type="checkbox"/> Funeral   | <input type="checkbox"/> Optometry   | <input type="checkbox"/> Speech/Hearing  |
| <input type="checkbox"/> Massage   | <input type="checkbox"/> Pharmacy (includes key personnel of facilities licensed by Board of Pharmacy) | <input type="checkbox"/> Social Work   |
| <input type="checkbox"/> Medical (Physicians, Physician Assistants, Respiratory Care Practitioners, Eastern Medicine Practitioners, Acupuncture Practitioners, Genetic Counselors, Polysomnographers, Midwifery Practitioners (CM, CPM)) |  | <input type="checkbox"/> Texas Hold'em Individual                                      |

**Print your current full name:**

\_\_\_\_\_  
Last Name First Name Middle Initial Suffix (e.g., Jr., Sr.)

**Enter all other names you have used in the past (including, but not limited to, maiden name, former married names, alternative spellings):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

As an applicant, I authorize release of any and all information that you have concerning my **CRIMINAL HISTORY RECORD INFORMATION**. I hereby release you, your organization, the State of Delaware and others from any liability or damage which may result from furnishing this information:

**SIGNATURE OF PERSON PRINTED:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

**Mail the results of my criminal history request to:**

**Division of Professional Regulation**  
**861 Silver Lake Boulevard, Suite 203**  
**Dover DE 19904**  
**SLC D420A**

**USE OF CRIMINAL HISTORY RECORD INFORMATION IS RESTRICTED BY LAW AND SHALL BE LIMITED TO THE PURPOSE FOR WHICH IT WAS GIVEN. MISUSE CONSTITUTES A CRIMINAL VIOLATION.**